



Wisconsin Department of Agriculture, Trade and Consumer Protection  
Bureau of Weights and Measures, Storage Tank Regulation  
P.O. Box 7837  
Madison, WI 53707-7837  
(608) 224-4942

FOR OFFICE USE ONLY

Wis. Admin. Code §ATCP 93.605

## Emergency Communication Device: Request to Use Material Approval Listed Equipment for Point-of-Sale (POS) System After-Hours Shut-Down

**Directions:** Facility owner or designee is to complete one form for each facility. Completed form shall be either mailed to the address above or emailed to: [datcpweightsandmeasures@wi.gov](mailto:datcpweightsandmeasures@wi.gov). Attach equipment set-up or other report for confirmation the approved system has been programmed to shut-down the dispensing system when the facility is closed. It is recommended that the owner work with their provider to understand the capabilities of their equipment and potential advantages/disadvantages of using it as an after-hours shut-down device. For example, use of a line leak detection system lockout feature may prevent the facility from getting a passing monthly line leak detection test.

**NOTE:** If you do not see your equipment listed on this form, check the box below and list the manufacturer/model number to request department review and approval for addition to the material approval. Only shut-down systems that can be programmed to operate automatically will be approved. Include any supporting documentation with this form (Installation/Set-up manuals, etc.) The department will notify you if the equipment is not approved.

☐ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### A. IDENTIFICATION (Please Print)

Facility Name		Facility ID:	Owner Legal Name		
Facility Street Address (not P.O. Box)			Owner Street Address		
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town:
			State	Zip Code	
State	Zip Code	County	County	Telephone No. (    )	Email address

### B. STATEMENT (Check one)

The facility listed above has an attendant on duty during normal business hours and is not operated 24 hours a day/7 days a week/365 days a year. Dispensing system is shut-down automatically when closed. The method of shut-down is approved under Material Approval number 20150003 and is designated below:

☐ Approved Automatic Tank Gauge (ATG) system (circle one):

Veeder-Root TLS 300/350/450 series with Electronic Line Leak Detection (Line Leak Test Lockout programmed)

☐ Approved Point- of- Sale system (circle one):

Gilbarco Veeder-Root Passport

VeriFone: Sapphire  
Ruby (SW Version and higher)

### C. ACKNOWLEDGMENT

By signing below, the facility owner or designee certifies that all information provided on this statement is true and accurate.

**Notice:** The information you provide may be used for purposes other than that for which it was originally collected (s.15.04(1)(m) Wis. Stats.) The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39, Wis. Stats.

PRINT NAME OF OWNER OR DESIGNEE

SIGNATURE

DATE (MM/DD/YYYY)